

# INNER CONNECTIONS

*Outer Success*

## ***Life Coaching and Mentoring For Emerging Adults and Parents***

www.innerconnections.com  
info@innerconnections.com  
20 Main Street Suite #7  
Keene, NH 03431  
(603) 513-8469  
(603) 719-0589 (fax)

## **Admissions Packet**

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## Inner Connections Summary of Fees

	<u>Intensive</u>	<u>Distance Intensive</u>	<u>Distance</u>	<u>Parent</u>
Assessment Fee (One time fee)	\$250	\$250	n/a	n/a
Monthly Program	\$5025	\$2200	\$750	\$750
Discretionary Account	\$300	optional	n/a	n/a
Tele-class	included	included	included	\$300/ 8

**Discretionary Account:** (required for coaching house students, optional for distance intensive)  
 This account is set up for individual expenditures, such as clothing, prescriptions, drug tests or a special trip. The student discusses the use of this account with a mentor or coach. We require that this account be maintained for the duration of the young adult’s involvement with Inner Connections.



**Application Process:** The Inner Connections coaching application process usually begins with a phone call. Please establish contact with us before sending in an application. We prefer to have an initial phone conversation as the first step in determining if IC can best meet your needs. Our application process includes: phone interviews with young adult and with parent(s)/guardian(s), application, interviews with previous programs, education consultants or therapists and reviews of any relevant educational or psychological tests.

Please fill out this application and return by fax (603-719-0589) or email ([info@innerconnections.com](mailto:info@innerconnections.com)). Write as much as you need to answer the questions. We want to learn as much as we can about you, so please answer to the best of your ability. If you have any concerns or feel there may be other ways we can get to know you, let us know.

**Student's Personal Information:**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Do you live with both parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Other \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Do you have any siblings? Please list names and ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: (name, phone numbers & relationship) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Contact Information:**  
**Please Print Clearly**

Mother's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone (only if you can receive calls here) \_\_\_\_\_

Email: \_\_\_\_\_

How do you prefer to be contacted: email \_\_\_\_\_ cell phone \_\_\_\_\_ home phone \_\_\_\_\_

What time is normally best for you: morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening \_\_\_\_\_

Stepfather or Other Involved Adult: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone (only if you can receive calls here) \_\_\_\_\_

Email: \_\_\_\_\_

How do you prefer to be contacted: email \_\_\_\_\_ cell phone \_\_\_\_\_ home phone \_\_\_\_\_

What time is normally best for you: morning \_\_\_\_\_ afternoon \_\_\_\_\_ evening \_\_\_\_\_

Stepmother or Other Involved Adult: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is there any additional information about contacting you that we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Are you taking medication(s) currently?

If so, please list the medication and reason for taking this medication.

Do you have any food restriction(s)? If so, please explain.

Do you have any allergies? Please list.

Do you have any physical restriction(s)? If so, please explain.

Please explain your physical condition(s) in general terms.

### **Application Questions**

1) Why are you looking for coaching/transitional support? What does your daily structure look like?

2) What beliefs do you hold that would support you in making desired changes?

3) Do you have a history of drugs and/or alcohol use? If so, please explain.

4) Do you have a history of self-abuse of any kind (including eating disorders, self mutilation, stealing patterns, etc.)?

5) Please forecast some of the roadblocks you may encounter in starting the next chapter of your life.

6) What resources (things that support you– inner strengths, skills, activities, and people) are you utilizing as you leave your current living situation that will assist you on your path to independence?

7) If you could create a script (like a movie or play) of what you want your life to look like over the next five years, what would it be? Don't worry about the *how*. Be honest and answer simply. We are not interested in how you write, but in how you want to experience the future. You can create a list, a time line, an outline or write in paragraph form (or a combination).

8) Write about a coach/mentor/teacher in your life. What quality made them effective for you? What qualities did you possess that allowed you to be coached/mentored/taught by this person?

9) Are you working with or have you ever worked with an education consultant? Please provide their name, address and phone numbers.

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10) Do we have your permission to contact them? \_\_\_\_\_

Please list the providers' names and sign below:

I hereby grant permission for the following providers

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to release information to Christopher Cotton and/or Jeff Saari working with Inner Connections. I authorize that this information be received via email, voice mail, telephone, cell phone, fax or mail.

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Signature of Student (if over 18) or Parent

Date



## Coaching Intensive Agreement

I \_\_\_\_\_ (student's name) agree that I am contracting with **Inner Connections, Inc.** to participate in the Coaching Intensive Program. I understand that **Inner Connections, Inc.** will provide the following as part of the monthly contract for their intensive coaching services:

- Individualized coaching and mentoring
- Group coaching sessions
- One-on-one weekly meetings with program director/coach
- Parent support and up-dates as to student's level of participation and growth. This includes: Email updates, bi-weekly tele-class/group coaching, bi-weekly parent phone calls (conference calls when needed)
- Daily check-in times with a life skills mentor and program director
- Opportunities for self reflection and self care (yoga, meditation, healthy meal planning, exercise, journaling)
- Weekly life skills support sessions (budgeting, time management, resume/application writing, study skills, healthy meal planning, and more)
- Home visit support and planning
- Transition support
- Additional coaching at a discounted \$100.00/hour rate for the parents of contracted individuals

Inner Connections services do not include:

- 24/7 supervision
- Assumption of responsibility or liability by **Inner Connections, Inc.** for the decisions or actions of the client/student
- **Inner Connections, Inc.** does not dispense medical or psychological advice and or prescribe the use of any techniques as a form of treatment of physical, emotional, and/or medical problems

In exchange for the above-mentioned services, I agree to pay **Inner Connections, Inc.** the fee of \$5025.00 per month, plus \$300 for the discretionary account as outlined in the invoice. The first two months are to be paid as a deposit before services begin. Cancellations of services require two weeks notice for a partial refund. Invoices will be emailed the third week of the month for the upcoming month. Payment by credit card is required on the 25<sup>th</sup> of each month for the upcoming month of service. **Inner Connections, Inc.** reserves the right to terminate this contract at anytime if Inner Connections staff perceives the actions of the client jeopardize the coaching relationship or if there is a breach in the sublease and house agreement signed by the client and payee. This contract shall be governed by and construed in accordance with the laws of the State of New Hampshire.

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Payee Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Christopher Cotton, CEO \_\_\_\_\_ Date \_\_\_\_\_

Payment method: Please review the enclosed/attached invoice and billing statement.



New Hampshire  
Sublease Agreement

This Sublease Agreement (“Sublease”) is entered by and between **Inner Connections, Inc.** (“Sublessor”) and \_\_\_\_\_ (“Subtenant”) on \_\_\_\_\_ (Date). Sublessor is the “Tenant” in a lease agreement between the Tenant and \_\_\_\_\_ (“Landlord”) (the “Master Lease Agreement”). Sublessor and Subtenant may collectively be referred to as the “Parties.” The Parties agree as follows:

**PREMISES:** Sublessor hereby subleases a shared room and shared use of apartment located at: \_\_\_\_\_ (the “Premises”).

**SUBLEASE TERM:** The Sublease will start on \_\_\_\_\_ (begin date) and will end on the last date of the month. Sublease will continue on a month - month basis beginning on the 1<sup>st</sup> of the month (Sublease Term). Subtenant acknowledges that it is leasing the Premises in connection with services to be provided by Sublessor as set forth in the “Coaching Contract” between Sublessor and Subtenant. Subtenant acknowledges that in the event of termination for any reason of the Coaching Agreement by either party, such termination shall constitute good cause for termination of this Sublease Agreement between the parties and under New Hampshire law.

**CONDITION OF PREMISES:** Subtenant or Subtenant’s agent has inspected the Premises, the fixtures, the grounds, building and improvements and acknowledges that the Premises are in good and acceptable condition and are habitable. If at any time during the term of this Sublease, in Subtenant’s opinion, the conditions change, Subtenant shall promptly provide reasonable notice to Sublessor.

**SEVERABILITY:** If any part or parts of this Sublease shall be held unenforceable for any reason, the remainder of this Agreement shall continue in full force and effect. If any provision of this Sublease is deemed invalid or unenforceable by any court of competent jurisdiction, and if limiting such provision would make the provision valid, then such provision shall be deemed to be construed as so limited.

**BINDING EFFECT:** The covenants and conditions contained in the Sublease shall apply to and bind the parties and the heirs, legal representatives, successors and permitted assigns of the Parties.

**GOVERNING LAW:** This Lease shall be governed by and construed in accordance with the laws of the State of New Hampshire.

**LEGAL FEES:** In the event of any legal action by the parties arising out of this Sublease, the losing party shall pay the prevailing party reasonable attorneys' fees and costs in addition to all other relief.

**ADDITIONAL PROVISIONS** (Specify "none" if there are no additional provisions)

- 1 The keys to the premises are the exclusive property of Sublessor for use by Subtenant during the lease term.
- 2 Any violation by the subtenant of the Prime Lease between the Sublessor and the Owner of the property shall be a violation of the Sublease Agreement.
- 3 House Agreements: Subtenant acknowledges receipt of a copy of "House Agreements," and agrees to abide by the rules and regulations set forth therein as if incorporated in this Sublease Agreement. Subtenant agrees that Sublessor may change the provisions of the House Agreements from time to time and a new copy will be provided to Sublessor.
- 4 Subtenant has signed a contract for the Coaching Intensive Program and mentoring services with **Inner Connections, Inc.** If this contract is terminated for any reason, the sublease agreement is also terminated.

**GUARANTY:** For good and valuable consideration, and in order to induce Sublessor to enter into this Sublease Agreement, the undersigned guarantors hereby unconditionally guaranty the performance by Subtenant of all conditions and payments under the above Sublease Agreement, including the payment of all rent and other charges due there under.

**SIGNED:** \_\_\_\_\_ Print name: \_\_\_\_\_  
(Signature of rent payee if different then the Subtenant)

IN WITNESS WHEREOF, the parties have caused this Sublease to be executed the day and year first above written.

**SUBLESSOR:** Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name \_\_\_\_\_

**SUBTENANT:** (Signature of person who will reside in apartment)  
Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name \_\_\_\_\_



## House Agreement

The house agreements are in place to provide a supportive environment for each renter. They outline the expectations and rules of the house/apartment the subtenant is living in. All renters must sign a *House Agreement* stating that they understand and agree to abide by it. Violation of the agreement is sufficient grounds for termination of the sublease agreement and the **Inner Connections, Inc.** coaching and mentoring contract.

1. All sublease agreements are automatically renewed each month based on continuation of coaching contract.
2. No drugs or alcohol are permitted on the premises.
3. No one staying in the house may be using drugs/alcohol during his or her stay. If a subtenant arrives to the premises having used, they will be asked to leave.
4. Smoking is not allowed in any room or doorway of house. If a renter chooses to smoke, they must be outside of the building away from walkways used by others. All cigarette waste products (including cigarette butts) are to be disposed of in designated sand receptacles and cleaned weekly.
5. All subtenants agree to random drug and alcohol screenings.
6. All subtenants agree to keep belongings and space clean and neat.
7. All subtenants agree to participate with weekly and daily chores to maintain a neat and clean house/apartment and building grounds.
8. No overnight guests without explicit permission from Leaseholder.
9. Visitors deemed disruptive to the rules of the house will be asked to leave.
10. Quiet hours are from 10:00 pm to 8:00 am.
11. A licensed physician must clear all prescription medication.
12. No fighting, stealing, or yelling.
13. Subtenants agree to take all personal belongings with them at end of sublease or at termination of sublease. Belongings left after one week will be donated to charity.
14. Rent money is non-refundable and will not be prorated if the agreement is terminated.

I, \_\_\_\_\_ have read and understand the above house agreements. I agree to abide by them and realize that not doing so is grounds for termination of my sublease agreement and coaching contract with **Inner Connections, Inc.** I may be asked to leave the house or apartment immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I realize that **Inner Connections, Inc.** leases the house/apartment and the company is subleasing to the above named client in good faith. I realize that the client will be living in an unsupervised house/apartment. Living in the house/apartment is not a requirement to participate in the intensive coaching process of **Inner Connections, Inc.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



Dear Parents,

Inner Connections supports emerging adults and their families as they seek to understand their choices and develop sustainable life skills while moving from a dependent to interdependent life. Through an individualized process, emerging adults are coached and mentored to undertake self exploration, inventory their inner resources and create a vision for themselves.

Our work with young adults is enhanced by working with their parents to improve their relationship with their children, to improve their communication and to be able to support their children as they navigate through the program. Parents with an emerging adult participating in an Inner Connection Coaching program are required to participate in bi-weekly phone calls and group coaching sessions. Through parent coaching we offer tools to stop blaming, to alleviate suffering you feel is caused by outside influences and to become clear on how you can support your child.

There are two ways in which parents are **required** to participate while your child is a part of Inner Connections:

One-on-One Coaching: These sessions are conducted over the phone so coaching is available to you in the comfort of your own home, office or while traveling. Of course, face-to-face meetings can also be arranged. Parents/Guardians may participate together or individually.

Group Coaching Tele-classes:

Parents are expected to participate in parent conference calls. The calls are on held on the second and fourth Wednesday every month at 8 pm. Although the young adults are learning how to be accountable and responsible for themselves as they transition toward adulthood, the parent’s role remains a key component in their success. These tele-classes provide another opportunity to reinforce all that is happening in their lives.

Please sign this contract below:

I \_\_\_\_\_, parent of \_\_\_\_\_ agree to participate in one-on-one coaching and two parent tele-classes per month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Coaching Intensive Fees

Assessment fee (One time fee)	(\$250)
Monthly Program	\$5025.00
Discretionary Account	\$300
Tele-class	included
<b>Monthly total:</b>	<b>\$5325</b>

**Total of two months payment due before services begin:** \$10,900.00 (includes assessment fee)

**Discretionary Account:** This account is set up for individual expenditures, for example: a major clothing purchase, a shuttle to and from a home visit, a special trip. The student discusses the use of this account with a mentor or coach. We require that this account be maintained for the duration of the young adult's involvement with Inner Connections. Purchases beyond this amount will need to be paid for by the parent/guardian (i.e. class fees, book purchases).



**INVOICE**

**PAYMENT FOR COACHING  
INTENSIVE PROGRAM  
FIRST TWO MONTHS**

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20 Main Street #7  
Kenne, NH 03431  
www.innerconnections.com

Office: (603) 513-8469

Fax: (603) 719-0589

<b>DESCRIPTION</b>	<b>RATE</b>	<b>AMOUNT</b>
Assessment Fee	250.00	250.00
Coaching Intensive Program: 2 months (begins on the 1 <sup>st</sup> of each month)	\$5025.00	\$10050.00
Discretionary Account	300.00	600.00
Food Stipend for 2 months	Included	Included
<b>Total Payment Due</b>		<b>\$10,900.00</b>

Invoice amount is a deposit for two full months. Billing cycle begins the first of the month. If a student begins services after the first of the month, a prorated invoice will be sent at the end of the current month for the partial month.

Credit card payments are preferred for payment in advance of student participation. Please fill out the billing statement form and return by fax (private) or email to the above number or address.

*Thank you for the opportunity to be of service to you and the young adult in your life.*



Billing Statement Information

Please complete for billing/payment services. This is **not** the primary contact information. Please fax to: 603-719-0589 (private fax).

Client (student) name: \_\_\_\_\_ Date: \_\_\_\_\_

Person responsible for payment (please print clearly):

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (other): \_\_\_\_\_

Email (required): \_\_\_\_\_

In the case of separated parents sharing payment or third party payment, invoices for the full amount can be sent to several email addresses, but the above stated responsible party assumes liability for payment.

Credit Card information, MasterCard or Visa accepted (please print clearly):

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date (mm/yr): \_\_\_\_\_

Billing address of card holder (if different): \_\_\_\_\_

Payment cycle is month-to-month with services for the upcoming month charged to the above credit card on the 25<sup>th</sup> of the month (or next business day) prior to upcoming month of service. A payment for two months is due before services begin. Thereafter payment in full is due the 25<sup>th</sup> of each month prior to service for a total of 4 months unless services are cancelled with two weeks notice. Please see contract for more information on cancellation and refund.

Amount of first payment: \_\_\_\_\_ Payment date: \_\_\_\_\_ for services beginning: \_\_\_\_\_

I agree to the above payment arrangements and have read the Contract, Sublease and House Agreements.

Signature of payee: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency Contact Information

Name (of client/student): \_\_\_\_\_

Please provide the client's health insurance and primary care physician information. Client/Student should keep a copy, front and back, of their Health Insurance and Pharmacy cards. Client/Student is responsible for their healthcare decisions. We will keep the below information on hand as a support service in case of an emergency.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Co-payment required: \_\_\_\_\_

Pharmacy Card Number (if different): \_\_\_\_\_

Dental Coverage (company name and number): \_\_\_\_\_

Doctor's Name and number: \_\_\_\_\_

Other Doctor(s) if applicable: \_\_\_\_\_

Describe any allergies or medical conditions present/past:

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List any and all medications client is currently taking or has taken for extended periods:

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Is there any other information that may be useful to know in an emergency situation?

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**Please list several contacts, in case of an emergency:**

Name/Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name/Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please add additional contacts as necessary \_\_\_\_\_

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Consent for Release of Confidential Information

In an effort to plan, implement and evaluate care and aftercare,

I \_\_\_\_\_ (Name of student) request and/or authorize the exchange of confidential medical and mental health information between Inner Connections and:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

The following information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Only information listed above will be released to the named parties unless I so authorize. In accordance with Federal Regulation (42 CFR Part 2), I also consent to the release of any and all alcohol and/or drug abuse records under the same condition detailed above. I understand that such information cannot be released without my consent, except under special circumstances. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. Unless previously revoked, this consent will terminate 60 days following the discharge of the student from the program.

Dated \_\_\_\_\_

Signature of participant \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent, guardian, or authorized representative when required)



Release Form

Media Release

I, \_\_\_\_\_ hereby give permission to **Inner Connections, Inc.** to use my photograph and/or written work and/or voice in company newsletters, brochures, and/or other related marketing materials.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Vehicle Release

I, \_\_\_\_\_ recognize that I voluntarily ride in the vehicles of Inner Connections' and its staff or shareholders, or in the vehicle of another participant of Inner Connections' coaching services. I release any liability to **Inner Connections, Inc** including to its' staff and shareholders for accident or injury occurred while a passenger in a vehicle.

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_



## Transportation and Accommodations Information

Please check with the Program Director before making flight or travel arrangements. This allows for them to check their schedules to ensure a staff member is available for meeting your child.

### Airports:

- Bradley International Airport (Hartford-Springfield, CT)
- Manchester Airport Manchester, NH (near Keene, NH)

### Transportation from either airport or Amtrak:

- Thompson Shuttle, 800-526-8143, [www.thompsontransportation.com](http://www.thompsontransportation.com)

### Amtrak:

- Amtrak in Brattleboro, VT; 1-800-USA-Rail, [www.amtrack.com](http://www.amtrack.com)

Accommodations: Keene and nearby Brattleboro offer a wide range of accommodations. Please check the area Chamber of Commerce for more information.

### Keene:

- E.F. Lane Hotel (next door to Keene office), 603-357-7070
- Best Western Sovereign Hotel, 603-357-3038
- Holiday Inn Express, 603-352-7616

### Brattleboro:

- Colonial Motel & Spa (Family run motel) 802-257-7733
- Holiday Inn Express, 802-257-2400



## Packing Considerations

### Clothing and Personal Items

Keep it simple. You can create a box of additional items that you may not be sure about. This can be mailed to you. Bring what fits into a large travel bag. New England weather is extremely variable and there can be a lot of temperature changes in a 4 to 6 month timeframe. If you are unsure about any other items, please ask prior to your arrival.

#### Bring:

- Clothes appropriate for a job interview/work in addition to everyday clothes. Any clothes for exercising and/or sports/activities that you may participate in
- Towels and bedding (sheets, pillow, blankets, etc)
- A journal and pens/pencils
- A light for reading (book light, headlamp)
- Backpack/bag for carrying personal items/books
- Personal hygiene items and bag to store them in
- Books, pictures, or other items to make your space your own

#### Optional:

- Cell Phone, I pod, Laptop (Inner Connections cannot be responsible for these items if they get damaged or lost so please bring at your own risk)
- Ski, golf, tennis or other personal sports equipment

### Prescriptions

Bring at least 30 days of any prescription medications you take.

- Prescriptions need to be in the original prescription bottle
- All prescription should be discussed with staff before arrival and listed on emergency information sheet.
- You will be given a lockbox to keep prescriptions locked in at all times.

### Copies of Personal Identification

Keeping these documents is the responsibility of the student. We recommend them as they are often necessary for getting a job or registering for school.

- Photo identification: Driver's License, Passport, or State ID
- Social Security Card
- Medical Insurance Card (or a copy front and back)
- Birth Certificate
- College ID



## Contact Information

**Office Address:** (please send all correspondence to this address)

20 Main Street Suite #7 Keene, NH 03431  
Phone: 603-513-8469  
Fax: 603-719-0589 (private fax line)  
[www.innerconnections.com](http://www.innerconnections.com)

**Staff:**

Christopher Cotton President Life Coach	main number: 603-513-8469 cell: 802-579-4882 email: <a href="mailto:chris@innerconnections.com">chris@innerconnections.com</a>
Jeff Saari Program Director Life Coach	cell: 603-499-5604 email: <a href="mailto:jeff@innerconnections.com">jeff@innerconnections.com</a>
Chari Goodman Program Coordinator	cell: 978-807-9441 email: <a href="mailto:chari@innerconnections.com">chari@innerconnections.com</a>